

# *UHIP Governance Committee Meeting ~ March 18, 2014*

**Attendees:** Felicia Alvarez, Terry Clemmer, Judy Daly, Linda Egbert, Lisa Evans, Louise Eutropius, Cherie Frame, Wayne Kinsey, Boaz Markewitz, Karla Matheson, Jeanmarie Mayer, Joe Miner, Allyn Nakashima, Rex Olsen, Doug Smith, Andi Stubbs, Sherry Varley, Patty Watkins  
**Excused:** Arlen Jarrett, Melissa Guseman, Brett Heikens

Agenda Item	Resp. Person	Discussion	Action Items
<b>Welcome and Introductions</b>	Dr. Mayer	Welcome and introduction of new committee members. Cherie Frame, replacing Rouett Abouzelof as the Utah Chapter President of the Association for Professionals in Infection Control and Epidemiology (APIC), and Andi Stubbs replacing Dan Hull as the representative from Home Healthcare. Greg Bell has also requested Dr. Arlen Jarrett to represent the Utah Hospital and Health Systems Association (UHA).	
<b>Meeting Minutes from Last Meeting</b>	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the 12/17/2013 meeting. Dr. Doug Smith motioned the minutes to be accepted without correction or changes. Judy Daly seconded the motion. Minutes approved and accepted as presented.	
<b>HAI Prevention Efforts</b>  <b>CUSP/CAUTI Collaborative</b>	Ms. Egbert	Utah is one of the lowest states with facilities participating in CUSP/CAUTI efforts, but many facilities within the state have CAUTI Prevention initiatives in place that overlap. Ms. Egbert feels that facilities are incorporating the appropriate CAUTI prevention recommendations in their efforts. CUSP/CAUTI resources are available to all Utah facilities. Landmark Hospital is scheduled to participate in The next cohort beginning April 2014. Others desiring more information to participate should contact Ms. Egbert. The CUSP/CAUTI work within the University's Intermediate Medical Care Unit (IMCU) has demonstrated a decrease in catheter utilization as they have used the HealthInsight Catheter Utilization Tool to capture data. The HealthInsight IT specialists are willing to work with additional facility IT departments to help them download the tool into their systems as desired. The data does not necessarily have to go to HealthInsight.  Dr. Mayer stated the CUSP/CAUTI monthly calls have valuable information with excellent power points for education, speaking of one regarding "over culturing" of urine specimens. Ms. Egbert said there is also excellent information regarding additional appropriate indications for catheter use in the medical population that is not yet published. Sharing of the call information may be useful for those unable to participate in the calls.	Ms. Egbert will send the current utilization data to the University 's IMCU this week.  Ms. Egbert is willing to send information and tools from monthly calls to interested facilities.
<b>Statewide CAUTI Improvement</b>	Ms. Varley Ms. Egbert Ms. Eutropius	Ms. Egbert presented the results from the "Putting Together the CAUTI Puzzle" workshops. The workshops have been received very favorably. Four of the five trainings have been held, with the last to be held in Northern Utah on 3/27/2014. Infection Preventionists, Quality Directors and Chief Nursing Officers were invited. Forty-three of forty-nine facilities have thus far sent at least one attendee resulting in an 87.8% attendance rate. All LTACs within the state have been represented resulting in 100% attendance. Five of the Critical Access Hospitals have not attended, and Ms. Egbert will be doing training with them.	Ms. Egbert is willing to share the CAUTI Training resources that were used to those interested.

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<b>Statewide CAUTI Validation</b>	Ms. Varley	<p>Six acute care facilities will be validated for their 2013 NHSN reported CAUTI data. Validations are scheduled to take place in May and June of 2014. Letters of notification have been sent to the CEOs of three of the six selected facilities, with copies to CNOs, IPs, Quality Directors and Health Information Management. The remaining three facilities will receive notification letters in April. Validation will be onsite with up to 50 medical records audited at each facility. The audits will incorporate the usage of a medical record abstraction validation tool created by the CDC.</p> <p>Ms. Egbert commented that in 2014 CMS will now be validating facilities in either a combination for infection events in CAUTI/CLABSI/SSI or MRSA/C-Diff/SSI.</p>	
<b>MDRO Prevention and Detection Collaborative</b>	Ms. Alvarez	<p>Ms. Alvarez gave an update on the MDRO Prevention and Detection Collaborative.</p> <p><u>MDRO Surveillance</u></p> <ul style="list-style-type: none"> <li>• The CD Rule changed in May 2013 requiring reporting of carbapenem non-susceptible <i>E coli</i>, <i>Acinetobacter</i> and <i>Klebsiella</i> species.</li> <li>• In 2013, a total of 46 carbapenem non-susceptible organisms have been reported (42 <i>Acinetobacter</i> species, 2 <i>E. coli</i> species, 2 <i>Klebsiella</i> species).</li> <li>• Two clusters of <i>Acinetobacter</i> have been investigated in long-term care facilities in Davis and Salt Lake Counties.</li> </ul> <p><u>EMS and Case Managers Survey Results</u></p> <ul style="list-style-type: none"> <li>• Standardized communication was a common theme, as well as PRE-transfer communication.</li> <li>• EMS needs to be involved in this pre-transfer communication.</li> </ul> <p><u>Patient Transfer Pilot Project Results</u></p> <ul style="list-style-type: none"> <li>• Total number of <i>all</i> discharges from participating hospital units (includes home health): 684</li> <li>• Total number of discharges that met criteria for using IC Transfer Form: 253</li> <li>• Total number of times green stickers used: 51</li> <li>• Total number of times green sticker <i>should have</i> been used: 54</li> </ul> <p>There are weekly open conference calls to address any concerns Case Managers may have had with the pilot project. One issue brought up regarded a paper vs. electronic form, as more facilities are going away from paper forms, and many are using software called CuraSpan to send all their discharge information. CuraSpan has been contacted and they were willing to put this into their package at no charge for the State of Utah. In the future, the Patient Transfer Sheet could be in all software packages for many companies as well as being used in other states if they desired.</p> <p><u>Utah Hospital MDRO Capability Lab Survey Results</u></p> <ul style="list-style-type: none"> <li>• 21 hospital laboratories have the capability to perform specimen microbial cultures onsite <ul style="list-style-type: none"> <li>○ 86% (18/21) of these laboratories have the capability to speciate the organism and conduct susceptibility testing onsite.</li> <li>○ Three (3) facilities send their specimens to reference laboratories.</li> <li>○ Intermountain Central (2)</li> </ul> </li> </ul>	

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		<ul style="list-style-type: none"> <li>○ Cedar Diagnostics, Colorado</li> <li>○ 72% (13/18) of laboratories were aware <i>E. coli</i>, <i>Klebsiella pneumoniae</i>, and <i>Acinetobacter</i> species are reportable events in Utah.</li> <li>• 21 hospital laboratories do not have the capability to perform specimen microbial cultures onsite. <ul style="list-style-type: none"> <li>○ 95% (20/21) of these laboratories send their cultures to a reference laboratory.</li> <li>○ Reference laboratories utilized by the majority of hospitals:</li> <li>○ Intermountain Central Lab - 10 hospitals</li> <li>○ Salt Lake Regional Medical Center - 3 hospitals</li> <li>○ ARUP- 2 hospitals</li> <li>○ Dixie Regional Medical Center- 2 hospitals</li> <li>○ Reference laboratories utilized by remaining hospitals: <ul style="list-style-type: none"> <li>▪ Cedar Diagnostics (Colorado)</li> <li>▪ Logan Regional Medical Center</li> <li>▪ Ogden Regional Medical Center</li> <li>▪ St. Mark's Hospital</li> <li>▪ LabCorp</li> </ul> </li> </ul> </li> </ul> <p><u>Educational Opportunities</u></p> <ul style="list-style-type: none"> <li>• April 7 and 8 – Utah Healthcare Association Administrative meeting</li> <li>• April 7<sup>th</sup> – Utah EMS Medical Director's meeting</li> <li>• May – Possible presentation to front-line EMS staff at a conference</li> </ul>	
<b>Utah Home Care</b>	Ms. Eutropius	<p>Ms. Eutropius has submitted a proposal to present at the Utah Home Care conference to be held in Salt Lake City in May 2014. She will present basic infection prevention education for the home health setting. The education was presented previously by Sherry Varley to employees in one home health corporation in Utah, where it was evident there is a great need for this information.</p> <p>Ms. Eutropius has not yet heard if her proposal was accepted to speak at the conference.</p>	
<b>CRBSI Dialysis Facility Training</b>	Ms. Varley	<p>Ms. Varley stated that Mr. Heikens is working with the American Nephrology Nurses Association (ANNA) Utah Chapter to foster an educational training opportunity during the April 2014 local conference. The training would focus on dialysis units in Utah and re-admittance to hospitals. Dr. Mayer believes additional focuses on the training may be antibiotic lock solutions, communications during pass off, hospital re-admissions related to dialysis infections, and standardized line care.</p>	
<b>Influenza Vaccination Report</b>	Ms. Alvarez	<p>A draft of the Influenza Vaccination Coverage Report for Healthcare Workers in Utah Hospitals 2013-2014 influenza season was emailed to all hospitals for review on March 11, 2014. The comment period of 15 days close March 31, 2014. The final report will be posted on the UDOH Department website May 1, 2014. Preliminary draft report results show Utah has increased the influenza vaccination rate of healthcare workers to 96.1%. The federal hospital in Utah does not mandate vaccinations of employees, which gives</p>	

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		<p>this hospital a much lower percentage of vaccinated personnel.</p> <p>Dr. Doug Smith would like to know what other states percentages are to be able to show the residents of Utah how seriously Utah's medical professionals take vaccinations.</p> <p>Dr. Mayer stated that she received a letter from a disgruntled Utah healthcare worker who did not believe Utah should <i>require</i> HCWs to be vaccinated for influenza. Ms. Varley said she was aware that this individual had previously written to Gov. Herbert regarding her concerns and that misunderstandings in the individual's letter regarding a state mandate were addressed in a reply.</p> <p>Dr. Smith stated that Intermountain Healthcare also received a similar letter perhaps from the same individual.</p> <p>It was discussed that exemptions are always an option for employees; however, the report shows that encouraging facilities to have a policy mandating influenza vaccinations has increased the rate of HCW receiving the vaccination in Utah.</p>	Linda Egbert will contact CMS to see if she can get other states information regarding vaccination rates among medical professionals.
<b>CAUTI Prevention Activities</b>	Dr. Mayer	<p>A large number of facilities are looking at ways to help prevent CAUTI incidences. Is there some way we can share <i>best practices</i> and get information across hospitals of what worked for their facility?</p> <p>Intermountain has goals set attached to bonuses which help encourage employees to work toward the goals, while other facilities have alerts, huddle talks on one subject for six weeks and weekly audits of urine bags along with root cause analysis.</p>	
<b>Other Items</b> <i>HAI Workgroup</i>	Dr. Mayer	The HAI work group has discontinued meeting due to the overlapping issues of other meetings. Issues of concern can now be absorbed in the APIC meeting and on MDRO calls if necessary.	
<i>UHIP GC LOGO</i>	Dr. Mayer	In the past, discussion was presented regarding a need for the UHIP GC to have a logo created for letterhead. There were no specific suggestions for a logo discussed, and it was suggested that a graphic designer be asked to help with this. Dr. Mayer will ask the designer at the University Hospital who designed the graphics for the MDRO stickers if a suitable logo design may be created.	Dr. Mayer will check with the graphic designer at the University Hospital to see if he has the time to design something that may work for UHIP GC.
		<p>Meeting Adjourned at 4:55 pm</p> <p><b>Next Meeting will be June 17, 2014 – Olmsted Room – State Capitol</b></p>	